



GERALDTON RESIDENTIAL COLLEGE

A residential college of the Country High School Hostels Authority

**Shenton Street, Geraldton WA 6530
(Locked Bag 80, Geraldton 6531)**

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Geraldton Residential College

Application for Enrolment

(PLEASE PRINT CLEARLY)

Level of Entry (eg Year 8):		Year of Entry: 200		FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
NAME OF STUDENT	Surname:			Date of Birth: D ____ M ____ Yr ____	
	First Name/s:				
School (student will be attending)				Religious Affiliation:	
Mother's Full Name (or Guardian)	Ms / Mrs / Miss / Dr / Other		Marital Status:		
Father's Full Name (or Guardian)	Mr / Dr / Other		Marital Status:		
Name and Postal Address of responsible parent or guardian					Relationship to student: Post Code
Residential Address (where different from above)					Post Code
Contact Numbers	Home Tel:	Fax:	Email:		
Father's Employment	Work Tel:		Emergency Contact (if parents unavailable): Tel: Name:		
Mother's Employment	Work Tel:				
Brother(s)/sister(s) currently attending or intending to enrol in the future	Name:		Year of entry:		
	Name:		Year of entry:		

IMPORTANT - PLEASE READ "CONDITIONS OF ENROLMENT" ON REVERSE SIDE OF THIS FORM

This application must be signed by the Parent/s or Guardian/s undertaking responsibility for paying the fees

Signature of Parent or Guardian:		Signature of Parent or Guardian:	
Relationship to Student:	Date:	Relationship to Student:	Date:
I/we request that the above Student be admitted to Geraldton Residential College. I/we have read the Conditions of Enrolment printed on the reverse of this form and agree to be bound by them and any other regulations which may be made by the College Board.			

This Agreement is between the Country High School Hostels Authority, a body corporate established under the Country High School Hostels Authority Act 1960-1998 (WA), of 151 Royal Street, East Perth WA 6004 (the Authority) and the person(s) whose name(s) and address(es) are set out above as Parent/s or Guardian/s. The Authority agrees that the Geraldton Residential College Board of Management (the Board) shall enrol and accept the Student at the College for the purpose of accommodating, supervising and maintaining the Student for the period from (date) _____ 200____ to the end of term _____, 200____, subject to the Parent/Guardian properly completing and signing a college re-enrolment form before the beginning of each subsequent school year.

PARENTS TO COMPLETE

(please tick where appropriate)

DO YOU INTEND APPLYING FOR	
AIC / BAHA	<input type="checkbox"/>
YOUTH ALLOWANCE	<input type="checkbox"/>
ABSTUDY	<input type="checkbox"/>

OFFICE USE ONLY

ALLOWANCE APPROVED	ACKNOWLEDGE ENROLMENT	
YES <input type="checkbox"/> NO <input type="checkbox"/>	REGISTRATION FEE RECEIVED	
YES <input type="checkbox"/> NO <input type="checkbox"/>	ORIENTATION ADVISED	
YES <input type="checkbox"/> NO <input type="checkbox"/>	CENTRELINK APPROVED	

PLEASE DO NOT DETACH, RETURN INTACT

THE DUPLICATE SHEET WILL BE RETURNED FOR YOUR RECORD ON PAYMENT OF THE REGISTRATION FEE